

Department of Licensing and Regulatory Affairs, Bureau of Fire Services, Storage Tank Division
P.O. Box 30033, Lansing, Michigan 48909

UST CLOSURE INSPECTION CHECKLIST

INSTRUCTIONS: The Hazardous Materials Storage Inspector (HMSI) will complete this checklist and attach it to an inspection report to be retained in the Main Office file. All boxes should be completed, inserting "N/A" if not applicable.		
Facility/Site Name:	Contact Person:	Area Code & Telephone Number
Facility Address:	City:	Facility ID Number
Owner/Operator Name:	Owner/Operator Address:	Area Code & Telephone Number
Tank Identification: (per registration)		Product Identification
<input type="checkbox"/> Photos Taken <input type="checkbox"/> Site Sketch Attached		Date(s) of Activity:

PRE-CLOSURE			
	YES	NO	COMMENTS/TANK ID
30-Day Notification Submitted			
Removal Contractor			
Certificate of Insurance			
TANK REMOVAL			
	YES	NO	COMMENTS/TANK ID
Tank(s) Emptied (Date/Amount)			
Tank(s) Purged (Method)			
Piping Removed			
Piping Cleaned and Capped			
EXCAVATION ASSESSMENT			
	YES	NO	COMMENTS/TANK ID
Holes Present in Tank			
Leaks in Piping (Location)			
Stained Soils Noted(Location)			
Leaks Under Dispenser(s) (Location)			
Odors Noted in Soils (Location)			
Water Present in Excavation			
Sheen or Free Product Observed			
Overfills At Fill Pipe(s) Noted			
*Samples Collected (by whom)			
Environmental Consultant			
TANK ABANDONMENT IN PLACE			
	YES	NO	COMMENTS/TANK ID
Tank Threatens Structure			
Tank Not Accessible			
Tank Cleaned/Purged			
Fill Material (Identify)			
*Samples Collected (by whom)			
COMMENTS (Note additional comments on back)			
HMSI			Date:

*Site assessment samples pursuant to Rule 55, Section 280.72, of the Michigan Underground Storage Tank Rules.
The information on this checklist only reflects what was observed during the time period the Bureau of Fire Services was on-site. It is not representative of site conditions, etc. during the full period of UST closure.

Additional Comments